

Case Number:	CM14-0163830		
Date Assigned:	11/05/2014	Date of Injury:	05/04/2014
Decision Date:	04/03/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old female who reported an injury on 05/04/2014. It was noted that the patient had undergone prior physical therapy times 9 sessions for treatment of her symptoms. A previous request for an additional 16 sessions was determined to be not medically necessary or appropriate as the injured worker at that time could have undergone safe home exercise training. She had reportedly been injured after a slip and fall where she partially landed on her buttocks and hit her left elbow. She had previously been treated with medications, physical therapy and use of a TENS unit. She had also used hot and cold applications and activity modifications. A previous MRI documented mild to moderate degenerative facet arthropathy with mild disc degeneration at L5-S1 associated with 1 to 2 mm focal central protrusion which did not result in compromise of the neural elements. She had also reportedly suffered a cervical sprain/strain, left shoulder sprain/strain, left elbow contusion, left hip sprain/strain, left thigh and leg pain with associated complaints of insomnia and post-traumatic anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional physical therapy twice a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Hip & Pelvis, Low Back, Elbow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, injured workers are allowed a set number of sessions for treatment of their functional deficits. The request exceeds the maximum allowance under the California MTUS Guidelines. Additionally, the injured worker had already completed prior physical therapy; and is, therefore recommended to continue with a home exercise program as per the California MTUS Guidelines. Therefore, the request is not considered a medical necessity.